



ATTESTATION USER GUIDE

For Eligible Professionals

Medicare Electronic Health Record (EHR) Incentive Program



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Disclaimer

The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible professionals.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements.

Medicare regulations can be found on the CMS Web site at <http://www.cms.gov>



Step I – Getting Started

To receive an incentive payment, Medicare Eligible Professionals (EPs) must attest to their meaningful use of certified electronic health record technology using this ATTESTATION module. (Medicaid EPs should contact their states for information about how to attest.)

This is a step-by-step guide for the Medicare Eligible Professionals (EPs) Electronic Health Record (EHR) Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

STEPS

Enter the EHR Incentive Program URL (located at the top of the page) into your web browser

Click **CONTINUE** to start the attestation process

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

- Eligible Hospitals
- Eligible Professionals (EPs)

CONTINUE

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

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Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

- Eligible Hospitals
- Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

CONTINUE



TIPS

To determine your eligibility, click on the CMS website

For a list of Eligible Professional Types (EPs), click on Eligible Professionals (EPs) link

Step 2– Login Instructions for Eligible Professionals

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Login

Login Instructions

(*) Red asterisk indicates a required field.

Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

* User ID:

* Password:

LOG IN

STEPS

Enter your National Plan and Provider Enumeration System (NPPES) web user account, user ID and password to log into the attestation system

Click **LOG IN**

Proceed to **STEP 3** on page 13 of this guide if you logged in as an Eligible Professional

Proceed through **STEP 2** if you are working on behalf of an Eligible Professional



TIPS

Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, **Create a Login** in the I&A System

Contact the PECOS Help Desk if you cannot remember your password-(866) 484-8049/ TTY(866)523-4759, <https://pecos.cms.hhs.gov>

To locate your NPI number, visit; <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

User name and password are case sensitive

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Login

Login Instructions

(* Red asterisk indicates a required field.)

Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPES) web user account. Use your NPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPES web user account, navigate to [NPES](#) to apply for an NPI and/or create an NPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPES](#).
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

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* User ID:

* Password:

LOGIN

Identity and Access Management (I&A)

You will be navigated to the I&A system, which will allow you to create a User ID/password, establish a user profile, and request access to organization(s) for the EHR Incentive Program System.

If you select "Yes", you will be directed to the I&A system and will be required to log in again.

YES NO



TIPS

User name and password are case sensitive

If you are an EP who does not have an NPI and/or an NPES web user account, click on the NPES link for more information

STEPS

Eligible Professionals (EPs) may authorize surrogate users to work on behalf of the EP in the EHR Incentive Program Registration & Attestation system

Click on the "Create a Login link" in the body of the screen

Click **YES** to access the I&A system

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

STEPS

Application and Security Check Page prompts the user to answer 2 security questions



TIP Click on the **HELP** tab at the top of the screen for help creating your I&A user name and password

User IDs cannot be changed. Once you have successfully created a User ID and Secret Question/Answer combinations and submitted the record, the User ID and Secret Question/Answer combinations will remain tied to your record and will not be changed

User name and password are case sensitive

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

Application Sections

- > User Profile
- > Employer Information
- > **Access Requests**

I&A - My Access Requests

* At least one organization is required

Note: Please use the Previous button to navigate between the pages in the application.

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Use the buttons below to select and remove NPIs before they are submitted for processing:

Provider/Supplier Organization

(navigate to [Individual Provider Access Requests](#))

App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status
Individual Provider									
(navigate to Provider/Supplier Organization Access Requests)									
App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status		

STEPS

Click on Access Requests

Click Add Access Request

Click **SUBMIT**



TIP

At least one NPI is required to assign access

Use the Previous button to navigate between pages in the system

In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

STEPS

Click on “You are requesting to act on behalf of an individual provider”

Click **NEXT**
Select Application Type

“EHR Incentive Program”

Click **NEXT**

I&A - Select Request Type

* Indicates Required Field

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

* **Select the request type desired for the NPI being added:**

You are the Authorized Official of the provider/supplier organization.
(The Authorized Official is responsible for managing users for the provider/supplier organization)

You are an end user of the provider/supplier organization

You are requesting to act on behalf of an individual provider.

→

I&A - Select Application Type

* Indicates Required Field

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

* **Select Application Type**

EHR Incentive Program

→



TIPS

There can be only one Authorized Official per organization at any given time

Click on **HELP** for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

CMS Centers for Medicare & Medicaid Services Help | Log

Application Sections

- > User Profile
- > Employer Information
- > **Access Requests**

I&A - Individual Provider NPI

** Indicates Required Field*

Note: Please use the Previous button to navigate between the pages in the application.

** Please provide the individual provider's NPI:*

The following provider information was found:

NPI:	1234567890
Provider First name:	John
Provider Last Name:	Doe
Street:	123 Any Street
City:	Anywhere
State/Foreign Province:	MD
ZIP:	21136

STEPS

Enter the NPI of the individual provider

Click **SEARCH** to display the details of the individual provider

Click **SAVE** to navigate to the 'My Access Requests Page'

Or

Click **SAVE & ADD ANOTHER** to add multiple providers



TIP

Clicking Previous will take you back to the 'Select Application Type' page

Click on HELP for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

I&A - My Access Requests

* At least one organization is required

Note: Please use the Previous button to navigate between the pages in the application.
Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Use the buttons below to select and remove NPIs before they are submitted for processing:

Provider/Supplier Organization

(navigate to [Individual Provider Access Requests](#))

App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status

Individual Provider

(navigate to Provider/Supplier [Organization Access Requests](#))

	App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status
<input type="checkbox"/>	E		Doe	John	1234567890	123 Any Street Anywhere, MD 21136	4445551212	

STEPS

Choose the Individual Provider(s) to add the NPIs you wish to access

You may choose one at a time or click Select All

Use the **ADD ACCESS REQUEST** button to add the NPIs you wish to access

Click **SUBMIT**



TIP

Clicking Previous will take you back to the 'Select Application Type' page

Click on HELP for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

Thank you. Your request will be processed.

Please read the following instructions:

Applying as an Authorized Official:
If you are applying as an Authorized Official, a copy of your provider or supplier's organization CP-575 is required. The CP-575 is generated to the organization by the Internal Revenue Service (IRS), and contains the organization's Legal Business Name and Taxpayer Identification Number. If you cannot locate your CP-575, contact the IRS for a copy of your IRS Federal Tax Deposit Coupon, IRS 147C letter, or other official IRS document which verifies the taxpayer identification number and legal business name of your organization. Make a photocopy of the CP-575 or appropriate substitute and write your PECOS I&A Tracking ID at the top of the photocopy. Mail the photocopy of the CP-575 or appropriate substitute (with the Tracking ID written on it) to the CMS External User Services (EUS) Help Desk. Your application will not be processed until the EUS Help Desk receives this paperwork. An e-mail notification will be sent to you once the EUS Help Desk has approved or rejected your request. If you have questions, please contact the EUS Help Desk at the following address and telephone number:

External User Services (EUS) ←
PO Box 792750
San Antonio, Texas 78216
Phone: 1-866-484-8049
TTY: 1-866-523-4759
EUSsupport@cgi.com

For questions concerning the Electric Health Record (EHR) Incentive Program, please contact the EHR Incentive Program Information Center (EIPIC) at the following address and telephone number:

EHR Incentive Program Information Center (EIPIC)
Phone: 1-888-734-6433
TTY: 1-888-734-6563

Applying as an Organization end user:
If you are applying as an organization end user and have questions, please contact your Authorized Official. An e-mail notification will be sent to you once your request has been approved or rejected.

Applying to act on behalf of an individual provider:
If you are requesting to act on behalf of an individual provider and have questions, please contact the individual provider or the appropriate help desk using the above contact information. If your request is not approved in a reasonable amount of time, please contact the individual provider.

User Name: John Doe

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Provider/Supplier Organization				
App Type	Tracking ID	Provider/Supplier Organization EIN	Provider/Supplier Organization Name(LBN)	Organization NPI
Individual Provider				
App Type	Tracking ID	Individual Provider Last Name	Individual Provider First name	NPI
E	S03162011689377	Doe	John	1234567890

↑
Please provide tracking number on all correspondence.

STEPS

Access request receipt

You will receive an email notification that the **External User Services (EUS) Help Desk** has approved your request

Record your tracking number for use on any correspondence

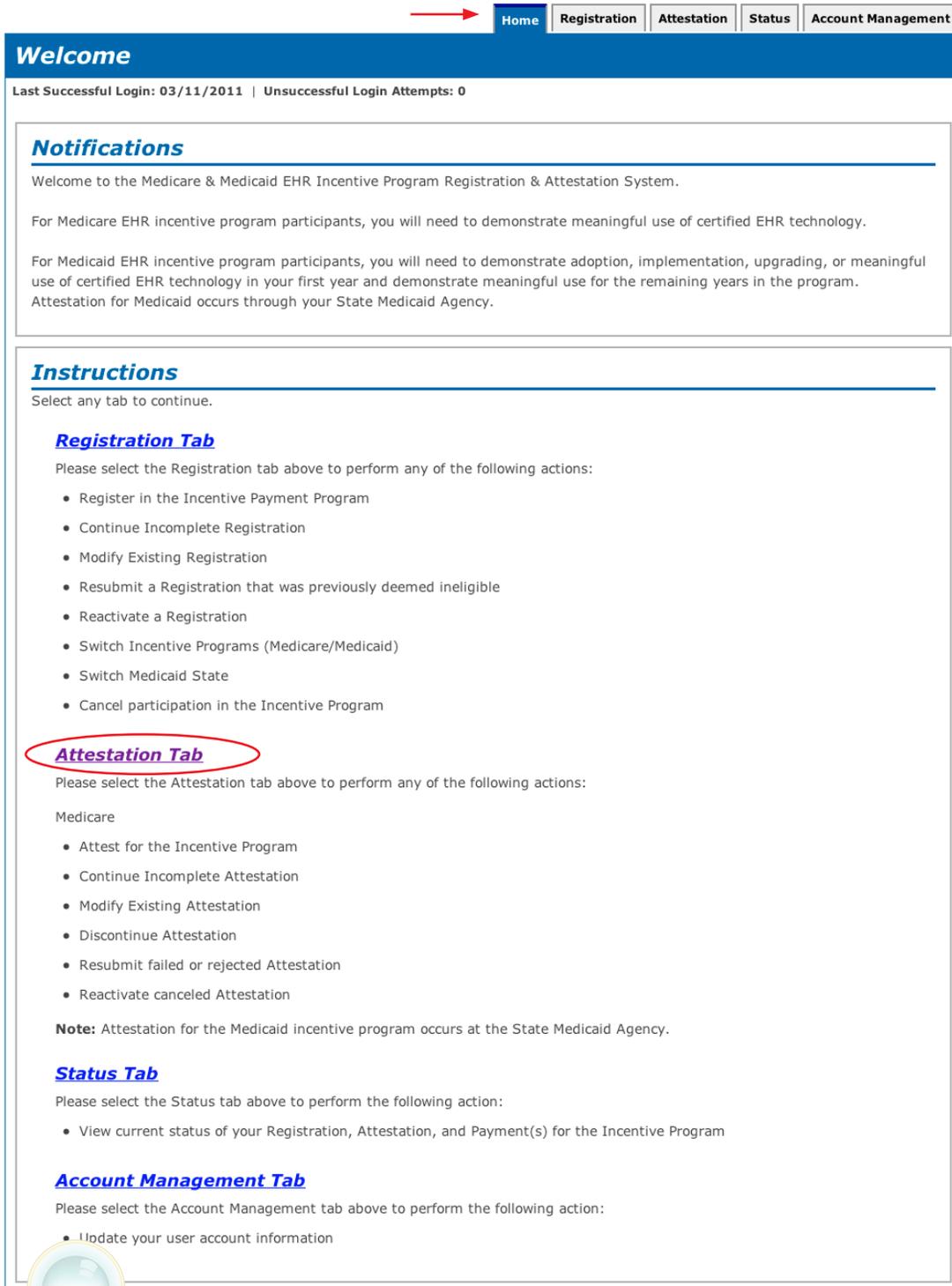


TIP

For questions regarding the I&A access contact –
External User Services (EUS)
PO Box 792750
San Antonio, TX 78216
1-866-484-8049
TTY/1-866-523-4759
EUSsupport@cgi.com

For questions regarding the
EHR Incentive Program –
EHR Information Center
1-888-734-6433
TTY/1/888-734-6563

Step 3 – Welcome



Home Registration Attestation Status Account Management

Welcome

Last Successful Login: 03/11/2011 | Unsuccessful Login Attempts: 0

Notifications

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions

Select any tab to continue.

Registration Tab

Please select the Registration tab above to perform any of the following actions:

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

Attestation Tab

Please select the Attestation tab above to perform any of the following actions:

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit failed or rejected Attestation
- Reactivate canceled Attestation

Note: Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

Status Tab

Please select the Status tab above to perform the following action:

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program

Account Management Tab

Please select the Account Management tab above to perform the following action:

- Update your user account information

STEPS

Click on the **Attestation Tab** to continue attesting for the EHR Incentive Program



TIPS

The Welcome screen consists of **five** tabs to navigate through the attestation and registration process

1. Home
2. Registration
3. Attestation
4. Status
5. Account Management

Step 4 – Attestation Instructions

Home
Registration
Attestation
Status
Account Management

Medicare Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#)

Depending on the current status of your Medicare attestation, please select one of the following actions:

Attest	Begin Medicare attestation to meaningful use of EHR technology
Modify	Modify a previously started Medicare attestation that has not yet been submitted
Cancel	Inactivate an Medicare attestation prior to receiving an EHR incentive payment
Resubmit	Resubmit a failed or rejected Medicare attestation
Reactivate	Reactivate a canceled Medicare attestation
N/A	In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name <small>⌵</small>	Tax Identifier <small>⌵</small>	National Provider Identifier (NPI) <small>⌵</small>	Medicare Attestation Status <small>⌵</small>	Program Year <small>⌵</small>	Payment Year <small>⌵</small>	Action
John Doe	XXX-XX-3829 (SSN)	123456789	-	-	-	Attest

STEPS

.....

Click on **Attest** in the Action column to continue the attestation process



TIPS

“Modify, Cancel, Resubmit, Reactivate, View and Not Available” are the available Action web links for returning users

Click on **Meaningful User Information Page** for detailed information about meaningful use, specification sheets for individual meaningful use objectives, e-specification sheets for clinical quality measures, and in-depth information on the EHR Incentive Program

Only one action can be performed at a time on this page

Step 5 – Topics for this Attestation

The data required is grouped into six topics for Attestation.

STEPS

.....

Click on

START ATTESTATION

to begin the attestation process.

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Topics for this Attestation

Reason for Attestation

- You are a Medicare Eligible Professional completing an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the START ATTESTATION button to begin your attestation. The system will show checks for each item when completed.

Completed	Topics
–	Attestation Information
–	Meaningful Use Core Measures
–	Meaningful Use Menu Measures
–	Core Clinical Quality Measures
N/A	Alternate Core Clinical Quality Measures
–	Additional Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

PREVIOUS PAGE | **START ATTESTATION** | PROCEED WITH ATTESTATION



TIPS

The topics will only be marked as **completed** once all the information has been entered and saved

When all topics are checked **completed** or **N/A** user can select '**PROCEED WITH ATTESTATION**'

TOPICS PROGRESS

There are six topics that are required for attestation

1 2 3 4 5 6

Step 6 – Attestation Information



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Attestation Information

Attestation Information

(* Red asterisk indicates a required field.)

Name: John Doe

TIN: XXX-XX-3829 (SSN)

Please provide your EHR certification number:

*EHR Certification Number:

[How do I find my EHR certification number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Please provide the EHR reporting period associated with this attestation:

*EHR Reporting Period Start

Date (mm/dd/yyyy):

*EHR Reporting Period End

Date (mm/dd/yyyy):

Please select the **SAVE AND CONTINUE**

PREVIOUS PAGE

SAVE AND CONTINUE

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type

Inpatient Practice Type

STEPS

Enter your EHR Certification Number

Enter the period start and end date of the reporting period you are attesting

Click on

SAVE & CONTINUE



TIPS

The reporting period must be **at least 90 days** in the same calendar year

The EHR Certification Number is **15** characters long

To locate your EHR certification number, click on **How do I find my EHR certification number?**

You will be directed to the Certified Health IT Product List (CHPL)

Follow the instructions on the CHPL website to obtain your EHR Certification Number

TOPICS PROGRESS

This is the first of six topics required for attestation

1

2

3

4

5

6

Step 7 – Meaningful Use Core Measures Questionnaire (1 of 15)

Read the objective and measure and respond as appropriate.

Home Registration **Attestation** Status Account Management

Meaningful Use Core Measures

Questionnaire: (1 of 15)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you? ←

- Yes
- No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

*Does this exclusion apply to you?

- Yes
- No

Complete the following information:

Numerator The number of patients in the denominator that have at least one medication order entered using CPOE.

Denominator Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

*Numerator: *Denominator:



TIPS

Patient Records: At the EP's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EP may also elect to calculate the numerators and denominators of these measures using ALL patient records. EPs must indicate which method they used in their calculations

Exclusion: EPs can be excluded from meeting an objective if they meet the requirements of the exclusion. If the EP cannot meet the specific exclusion requirements, then the EP cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the EP must report on that measure)

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 8 – Meaningful Use Core Measures Questionnaire (2 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (2 of 15)

(*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Complete the following information:

Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE AND CONTINUE**

STEPS

.....

Select the appropriate option under Patient Records

Click on **SAVE & CONTINUE** to continue with your attestation



TIPS

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module

Log back into the system and select the "Attestation" tab to continue your attestation when you return

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 9 – Meaningful Use Core Measures Questionnaire (3 of 15)

STEPS

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Enter the Numerator
and Denominator

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | [Help](#) | [Log Out](#)

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (3 of 15)

(*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)



TIPS

Numerator and Denominator must be whole numbers

Click on HELP for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 10 – Meaningful Use Core Measures Questionnaire (4 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (4 of 15)

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use

***Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator Number of prescriptions in the denominator generated and transmitted electronically.

Denominator Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

***Numerator:** ***Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

STEPS

Select the appropriate option under Patient Records.

Answer Yes or No to the Exclusion question

Click on **SAVE & CONTINUE** to continue with your attestation

If you click NO the screen will expand and you must enter the numerator and denominator for the measure.



TIPS

Enter the Numerator and Denominator if the exclusion does not apply to you

Click on HELP for additional guidance to navigate the system

The Help link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 11 – Meaningful Use Core Measures Questionnaire (5 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | [Help](#) | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (5 of 15)

(*) Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

STEPS

Enter a Numerator and Denominator

Click **SAVE & CONTINUE**

NOTE: You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the “Attestation” tab to continue your attestation when you return



TIPS

Numerator and Denominator must be whole numbers

Click on **HELP** for additional guidance to navigate the system

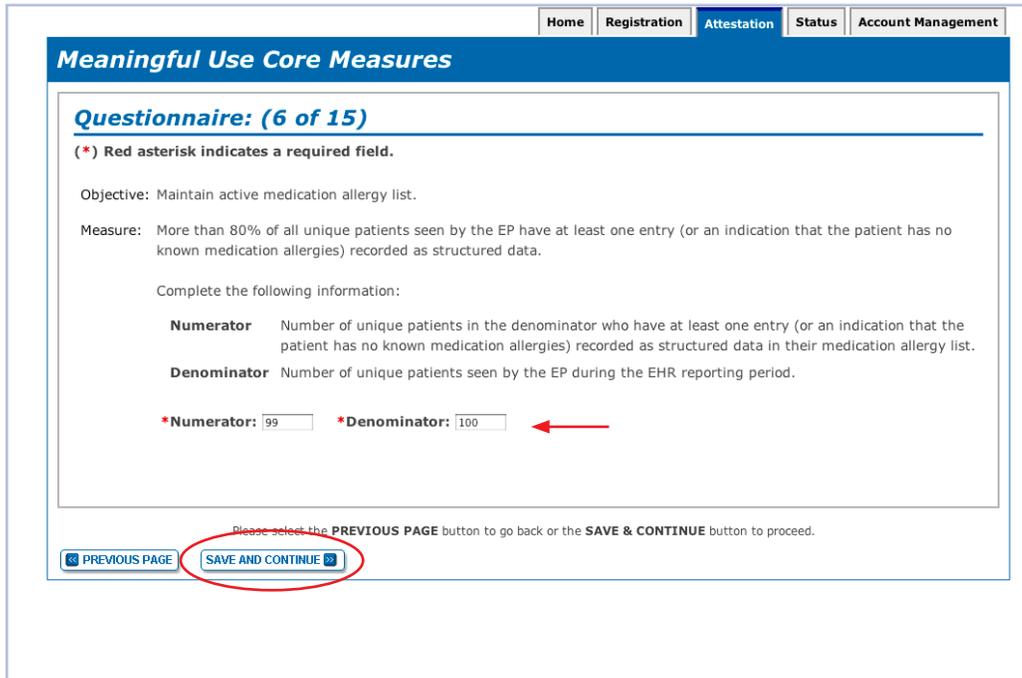
The **Help** link is on every page

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 12 – Meaningful Use Core Measures Questionnaire (6 of 15)

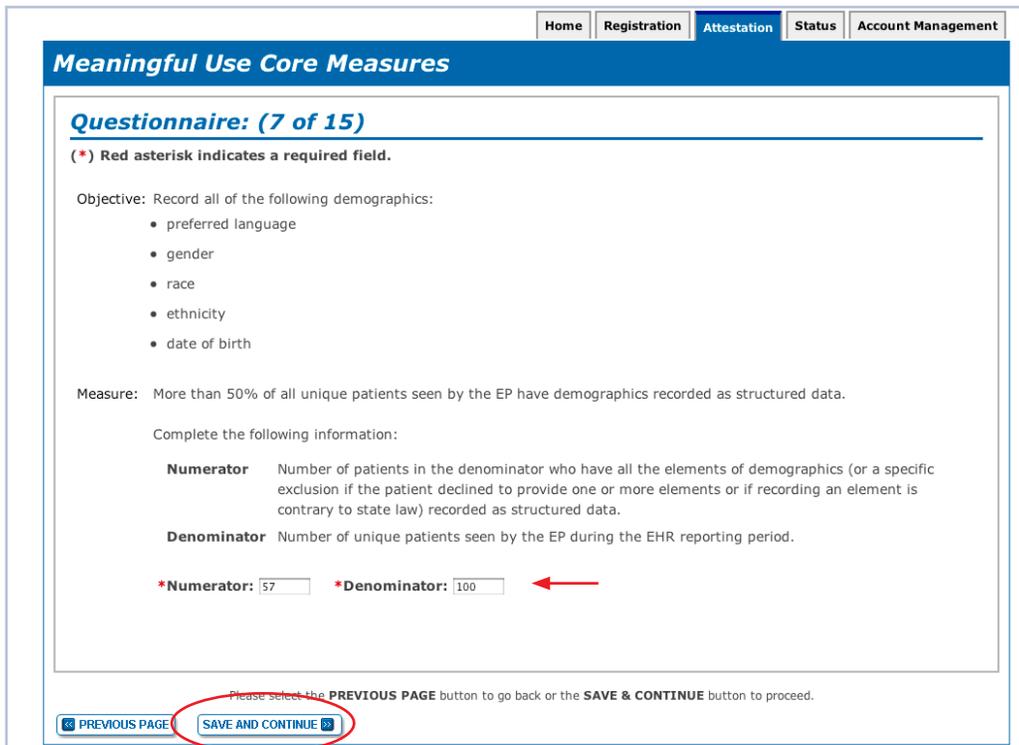


The screenshot shows the 'Meaningful Use Core Measures' interface for Step 12. At the top, there are navigation tabs: Home, Registration, Attestation (selected), Status, and Account Management. Below the tabs is a blue header with the text 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire: (6 of 15)'. A note states: '(*) Red asterisk indicates a required field.' The objective is: 'Maintain active medication allergy list.' The measure is: 'More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.' Below this, it says 'Complete the following information:'. There are two fields: '* Numerator' with a value of 99 and '* Denominator' with a value of 100. A red arrow points to the denominator field. At the bottom, there are two buttons: 'PREVIOUS PAGE' and 'SAVE AND CONTINUE'. The 'SAVE AND CONTINUE' button is circled in red. A small note above the buttons says: 'Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.'

STEPS

Enter Numerator and Denominator and click **SAVE & CONTINUE**

Step 13 – Meaningful Use Core Measures Questionnaire (7 of 15)



The screenshot shows the 'Meaningful Use Core Measures' interface for Step 13. At the top, there are navigation tabs: Home, Registration, Attestation (selected), Status, and Account Management. Below the tabs is a blue header with the text 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire: (7 of 15)'. A note states: '(*) Red asterisk indicates a required field.' The objective is: 'Record all of the following demographics:'. A bulleted list follows: preferred language, gender, race, ethnicity, and date of birth. The measure is: 'More than 50% of all unique patients seen by the EP have demographics recorded as structured data.' Below this, it says 'Complete the following information:'. There are two fields: '* Numerator' with a value of 57 and '* Denominator' with a value of 100. A red arrow points to the denominator field. At the bottom, there are two buttons: 'PREVIOUS PAGE' and 'SAVE AND CONTINUE'. The 'SAVE AND CONTINUE' button is circled in red. A small note above the buttons says: 'Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.'

STEPS

Enter Numerator and Denominator and click **SAVE & CONTINUE.**

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 14 – Meaningful Use Core Measures Questionnaire (8 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (8 of 15)

(* Red asterisk indicates a required field.)

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI).
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does exclusion 1 apply to you?** ←

Yes No

EXCLUSION 2 - Based on ALL patient records: An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does exclusion 2 apply to you?** ←

Yes No

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator Number of unique patients age 2 or over seen by the EP during the EHR reporting period.

***Numerator:** ***Denominator:** ←

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

STEPS

Select the appropriate option under Patient Records

Answer Yes or No to Exclusion 1

Select Yes or No for Exclusion 2

If NO is chosen for both exclusions, enter the Numerator and Denominator

Click **SAVE & CONTINUE** to proceed with attestation

TIPS

TOPICS PROGRESS

This is the second of six topics required for attestation

Numerator and Denominator must be whole numbers



You may select the PREVIOUS PAGE button to go back

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Step 15 – Meaningful Use Core Measures Questionnaire (9 of 15)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (9 of 15)

(*) Red asterisk indicates a required field.

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?** ←

Yes No

Complete the following information:

Numerator Number of patients in the denominator with smoking status recorded as structured data.

Denominator Number of unique patients age 13 or older seen by the EP during the EHR reporting period.

***Numerator:** ***Denominator:**

STEPS

.....

Select the appropriate option under Patient Records

Answer Yes or No to the Exclusion

If NO is chosen for the exclusion, enter the Numerator and Denominator

Click **SAVE & CONTINUE** to proceed with attestation

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe	XXX-XX-3829 (SSN)	123456789	-	-	-	→ Modify



TIP

To check your progress click on the **ATTESTATION** tab at the top of the page and select "Modify" in the Action column in the Attestation Selection page. The completed topics have a check mark on the TOPICS screen.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the START ATTESTATION button to begin your attestation. The system will show checks for each item when completed.

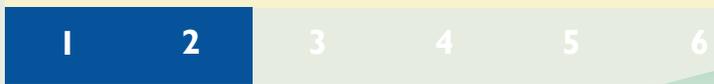
Completed	Topics
—	Attestation Information
—	Meaningful Use Core Measures
—	Meaningful Use Menu Measures
—	Core Clinical Quality Measures
N/A	Alternate Core Clinical Quality Measures
—	Additional Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 16 – Meaningful Use Core Measures Questionnaire (10 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (10 of 15)

(*) Red asterisk indicates a required field.

Objective: Report ambulatory clinical quality measures to CMS.

Measure: Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS.

Complete the following information:

Yes No ←

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE AND CONTINUE**

STEPS

Select Yes or No

Click **SAVE & CONTINUE**

Step 17 – Meaningful Use Core Measures Questionnaire (11 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (11 of 15)

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

Yes No ←

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE AND CONTINUE**

STEPS

Select Yes or No

Click **SAVE & CONTINUE**



TIPS

These objectives must be reported and there are no exclusions to reporting these measures

Clinical Quality Measures (CQMs) will be reported in another section, but indicate yes or no if you plan to provide data on CQMs directly from your certified EHR

TOPICS PROGRESS

This is the second of six topics required for attestation



Step 18 – Meaningful Use Core Measures Questionnaire (12 of 15)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (12 of 15)

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Measure: More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.

→ ***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you? ←
 Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (12 of 15)

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Measure: More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you? ←
 Yes No

Complete the following information:

Numerator Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

Denominator Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

*Numerator: 120 *Denominator: 125 ←

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

SAVE AND CONTINUE

STEPS

Select the appropriate option under Patient Records

Select Yes or No for the **EXCLUSION**

If the exclusion applies to you, click **SAVE & CONTINUE**

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click **SAVE & CONTINUE**



TIP

NOTE: You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module

Log back into the system and select the "Attestation" tab to continue your attestation when you return

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 19 – Meaningful Use Core Measures Questionnaire (13 of 15)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (13 of 15)

(*) Red asterisk indicates a required field.

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

→ ***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?
 Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (13 of 15)

(*) Red asterisk indicates a required field.

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you? ←
 Yes No

Complete the following information:

Numerator Number of office visits in the denominator for which a clinical summary is provided within three business days.

Denominator Number of office visits for the EP during the EHR reporting period.

*Numerator: 120 *Denominator: 125 ←

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

STEPS

Select the appropriate option under Patient Records

Select Yes or No for the **EXCLUSION**

If the exclusion applies to you, click **SAVE & CONTINUE**

If the exclusion does not apply to you, check No

Enter the Numerator and Denominator

Click **SAVE & CONTINUE**

TOPICS PROGRESS

This is the second of six topics required for attestation

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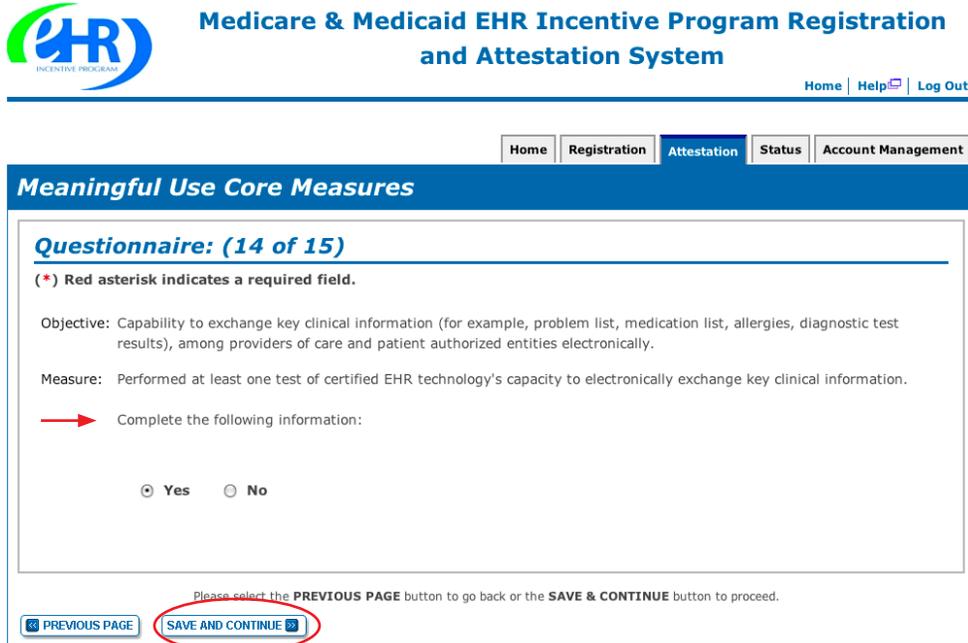
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Step 20 – Meaningful Use Core Measures Questionnaire (14 of 15)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (14 of 15)

(*) Red asterisk indicates a required field.

Objective: Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

→ Complete the following information:

Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

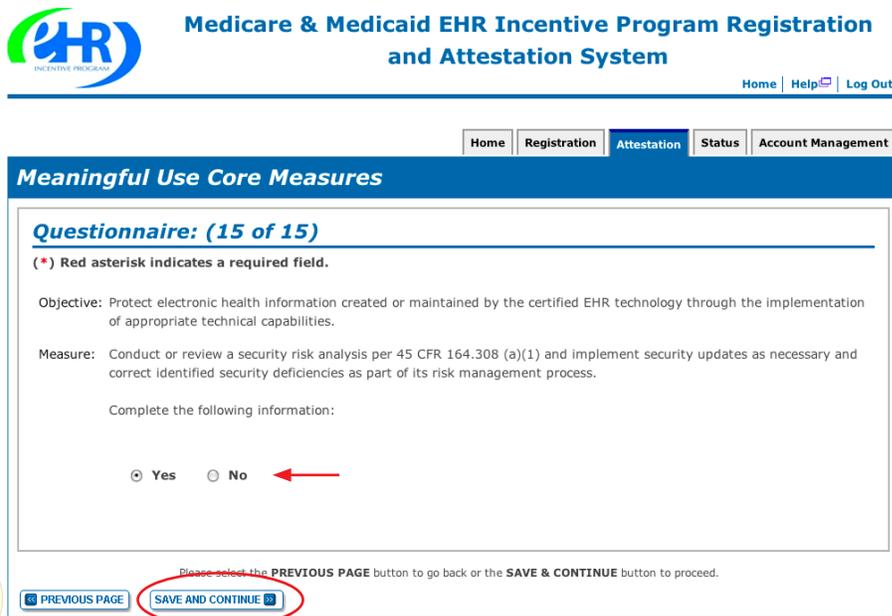
PREVIOUS PAGE **SAVE AND CONTINUE**

STEPS

Select Yes or No.

Click **SAVE & CONTINUE**

Step 21 – Meaningful Use Core Measures Questionnaire (15 of 15)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (15 of 15)

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Complete the following information:

Yes No →

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE AND CONTINUE**

STEPS

Select Yes or No.

Click **SAVE & CONTINUE**



TIPS

These objectives must be reported and there are no exclusions to reporting these measures

CQMs will be reported in another section, but indicate yes or no if you plan to provide data on CQMs directly from your certified EHR

TOPICS PROGRESS

This is the second of six topics required for attestation

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Step 22 – Meaningful Use Menu Measures – Questionnaire

Home | Registration | Attestation | Status | Account Management

Meaningful Use Menu Measures

Questionnaire

Instructions:

When selecting five objectives from the Meaningful Use Menu Measure Objectives, an EP must choose at least one objective from the public health menu measure objectives. Should the EP be able to meet the measure for one of these public health menu measure objectives and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu measure objectives they are able to meet. If the EP can attest to an exclusion from both public health menu measure objectives, the EP must choose one of the two public health menu measure objectives and attest to the exclusion.

After selecting one or both of the public health menu measure objectives, the EP must select additional menu measure objectives outside of the public health menu measure objectives, until a total of five (5) Meaningful Use Menu Measure Objectives have been selected. The EP should first select the menu measure objectives that are relevant to their scope of practice. If the EP is unable to choose the required number of menu measure objectives that are relevant to their scope of practice, then the EP can choose menu measure objective(s) with an exclusion until a total of five (5) Meaningful Use Menu Measure Objectives are chosen. However, an EP should not claim an exclusion for a menu measure objective if there are additional menu measure objectives that are relevant to their scope of practice and for which they are able to meet the measures.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input type="checkbox"/>
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input type="checkbox"/>
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

PREVIOUS PAGE
CONTINUE

STEPS

Read the instructions and select **five (5)** measures from the Meaningful Use Menu Measures by clicking on the box immediately following the measure

Select at least one and up to two (2) from the Public Health list and the remainder from the list below it

Click **CONTINUE**



TIPS

You must select from both lists even if an exclusion applies to all measures

The Attestation module will only show you the 5 you selected

TOPICS PROGRESS

This is the third of six topics required for attestation



Step 23 – Review of the ten Meaningful Use Measures

Meaningful Use Public Health Measure (1 of 2) out of 10 Meaningful Use Menu Measures

Objective	Measure	Select
You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both:		
Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).	<input checked="" type="checkbox"/>

MEASURES

.....
You must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does exclusion 1 apply to you?
 Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does exclusion 2 apply to you?
 Yes No

Complete the following information:
 Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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SAVE AND CONTINUE >>



TIPS

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

.....
You must select from both the Public Health list and the Meaningful Use list that follows

TOPICS PROGRESS

This is the third of six topics required for attestation



Step 23 – Review of the ten Meaningful Use Measures (cont.)

Meaningful Use Public Health Measure (2 of 2) out of 10 Meaningful Use Menu Measures

Objective	Measure	Select
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	

MEASURES

.....
You must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on ALL patient records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does exclusion 1 apply to you?
 Yes No

EXCLUSION 2 - Based on ALL patient records: If there is no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does exclusion 2 apply to you?
 Yes No

Complete the following information:

 Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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SAVE AND CONTINUE



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

You must select from both the Public Health list and the Meaningful Use list that follows

- 1
- 2
- 3
- 4
- 5
- 6

Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (3 of 10)

Objective	Measure	Select
Implemented drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>

MEASURES

.....
Complete the questions for the 5 measures you selected

Click **SAVE & CONTINUE**

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Implemented drug-formulary checks.

Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

EXCLUSION - Based on ALL patient records: An EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?
 Yes No

Complete the following information:

 Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

<< PREVIOUS PAGE
SAVE AND CONTINUE >>



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

*While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected*

You must select from both the Public Health list and the Meaningful Use list that follows

1	2	3	4	5	6
---	---	---	---	---	---

Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (4 of 10)

Objective	Measure	Select
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>

MEASURES

Remember, you must submit at least one Meaningful Use Measure from the public health list

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Incorporate clinical lab-test results into EHR as structured data.

Measure: More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

EXCLUSION - Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?
 Yes No

You have indicated that you have ordered lab tests with results in either a positive/negative or numeric format during the EHR reporting period. Complete the following information:

Numerator Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

*Numerator: *Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

⏪ PREVIOUS PAGE
SAVE AND CONTINUE ⏩



TIPS

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected



You must select from both the Public Health list and the Meaningful Use list that follows

TOPICS PROGRESS

This is the third of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 23 – Review of the ten Meaningful Use Measures (cont.)

Menu Measure Objectives (5 of 10)

Objective	Measure	Select
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input checked="" type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **SAVE & CONTINUE**

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE
SAVE AND CONTINUE



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

- 1
- 2
- 3
- 4
- 5
- 6

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

You must select from both the Public Health list and the Meaningful Use list that follows

Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (6 of 10)

Objective	Measure	Select
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input checked="" type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **SAVE & CONTINUE**

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Send reminders to patients per patient preference for preventive/follow up care.

Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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SAVE AND CONTINUE



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

You must select from both the Public Health list and the Meaningful Use list that follows



Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objective (7 of 10)

Objective	Measure	Select
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input checked="" type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **SAVE & CONTINUE**

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Meaningful Use Menu Measures

Questionnaire:

(* Red asterisk indicates a required field.)

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure: At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

***Numerator:** ***Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

You must select from both the Public Health list and the Meaningful Use list that follows

- 1
- 2
- 3
- 4
- 5
- 6

Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (8 of 10)

Objective	Measure	Select
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>

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Meaningful Use Menu Measures

Questionnaire:
(* Red asterisk indicates a required field.)

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator Number of patients in the denominator who are provided patient-specific education resources.
Denominator Number of unique patients seen by the EP during the EHR reporting period.

*Numerator: *Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

MEASURES

Complete the questions for the 5 measures you selected

Note that while this User Guide reviews all ten measures, the Attestation module will only show you the five you selected

Click **SAVE & CONTINUE**

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe	XXX-XX-3829 (SSN)	123456789	-	-	-	Modify

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the START ATTESTATION button to begin your attestation. The system will show checks for each item when completed.

Completed	Topics
—	Attestation Information
—	Meaningful Use Core Measures
—	Meaningful Use Menu Measures
—	Core Clinical Quality Measures
N/A	Alternate Core Clinical Quality Measures
—	Additional Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.



TIP

To check your progress click on the **ATTESTATION** tab at the top of the page and select "Modify" in the Action column in the Attestation Selection page. The completed topics have a check mark on the TOPICS screen

TOPICS PROGRESS

This is the third of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (9 of 10)

Objective	Measure	Select
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	<input checked="" type="checkbox"/>

MEASURES

Complete the questions for the 5 measures you selected

Click **SAVE & CONTINUE**

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to:**

Yes No

Complete the following information:

Numerator Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

***Numerator:** ***Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

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TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

You must select from both the Public Health list and the Meaningful Use list that follows



Step 23 – Review of the ten Meaningful Use Measures (cont.)

Additional Menu Measure Objectives (10 of 10)

Objective	Measure	Select
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

MEASURES

Remember, you must submit at least one Meaningful Use Measure from the public health list even if an Exclusion applies to both

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Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator: Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

***Numerator:** ***Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



TIPS

TOPICS PROGRESS

This is the third of six topics required for attestation

While this User Guide reviews all ten measures, the Attestation module will only show you the **five** you selected

You must select from both the Public Health list and the Meaningful Use list that follows

1	2	3	4	5	6
---	---	---	---	---	---

Step 26 – Core Clinical Quality Measures (CQMs 3 of 3)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Core Clinical Quality Measures

Questionnaire: (3 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0421 / PQRS 128

Title: Adult Weight Screening and Follow-up

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

Population Criteria 1

*Denominator: *Numerator: *Exclusion:

Population Criteria 2

*Denominator: *Numerator: *Exclusion:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

STEPS

Enter Clinical Quality Measure 3 of 3

Enter Demoninators and Numerators

Click **SAVE & CONTINUE** to proceed with attestation

You will navigate to step 28 unless you entered a denominator of zero in one of the core CQM measures



TIPS

Enter the number of exclusions after the numerator

While the EHR may have been configured to produce calculations of the measures, the information reported for this objective only includes the denominator, numerators and if applicable, the exclusion data for that measure

TOPICS PROGRESS

This is the fourth of six topics required for attestation

1

2

3

4

5

6

Step 27 – Alternate Clinical Quality Measures (CQMs)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Alternate Clinical Quality Measures

Questionnaire

Instructions:

You have entered a denominator of zero for one of your Core Clinical Quality Measures. You must submit one Alternate Core Clinical Quality Measure.

Please select one Alternate Clinical Quality Measure from the list below.

Note: An Alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Measure #	Title	Description	Selection
NQF 0024	Title: Weight Assessment and Counseling for Children and Adolescents	Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input type="checkbox"/>
NQF 0041 / PQRS 110	Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input type="checkbox"/>
NQF 0038	Title: Childhood Immunization Status	Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	<input type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

CONTINUE

STEPS

The screen will prompt you with the number of alternate core CQMs you must select, and that number is based on the number of zeros you reported in the denominators of core CQMs

Select your CQMs and Click **CONTINUE**

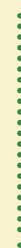


TIPS

If you entered a denominator of **zero** for one of your CQMs, you must submit **one** Alternate Core Clinical Quality Measure



If you entered a denominator of zero for **two** of your CQMs, you must submit **two** Alternate Core Clinical Quality Measures



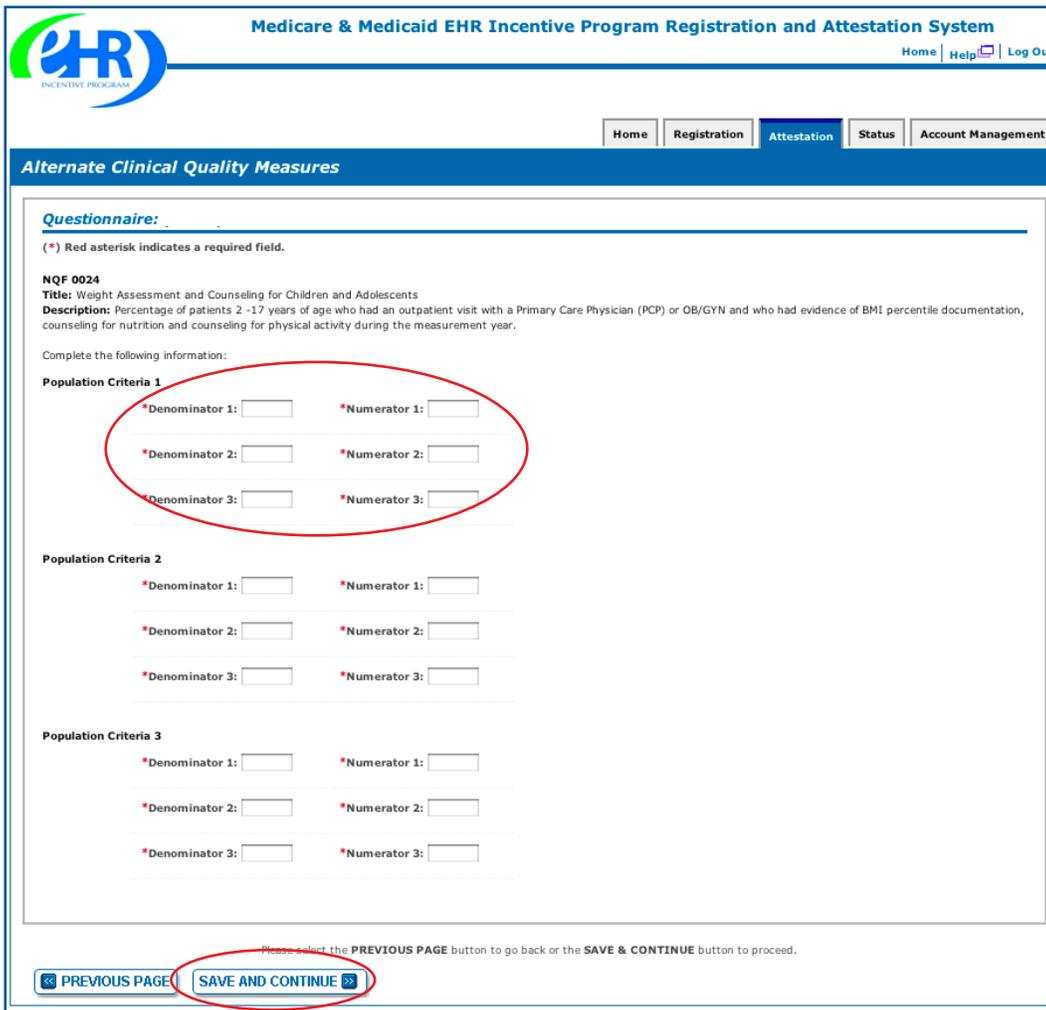
If you entered a denominator of zero for **all** of your CQMs, you must submit **all** of the Alternate Core Clinical Quality Measures

TOPICS PROGRESS

This is the fifth of six topics required for attestation

- 1
- 2
- 3
- 4
- 5
- 6

Step 28 – Alternate Clinical Quality Measures – Questionnaire



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Alternate Clinical Quality Measures

Questionnaire:

(*) Red asterisk indicates a required field.

NQF 0024
Title: Weight Assessment and Counseling for Children and Adolescents
Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Complete the following information:

Population Criteria 1

*Denominator 1: *Numerator 1:

*Denominator 2: *Numerator 2:

*Denominator 3: *Numerator 3:

Population Criteria 2

*Denominator 1: *Numerator 1:

*Denominator 2: *Numerator 2:

*Denominator 3: *Numerator 3:

Population Criteria 3

*Denominator 1: *Numerator 1:

*Denominator 2: *Numerator 2:

*Denominator 3: *Numerator 3:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE | **SAVE AND CONTINUE**

STEPS

Enter the Denominator and Numerator for each population criteria

Click **SAVE & CONTINUE**



TIPS

All fields must be completed

Only the additional Clinical Quality Measures you selected will be presented on the screen

TOPICS PROGRESS

This is the fifth of six topics required for attestation



Step 28 – Alternate Clinical Quality Measures (cont.)

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Alternate Clinical Quality Measures

Questionnaire: |

(*) Red asterisk indicates a required field.

NQF 0041 / PQRS 110
Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old
Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).

Complete the following information:

*Denominator: *Numerator: *Exclusion: ←

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

« PREVIOUS PAGE | **SAVE AND CONTINUE »**

STEPS

Enter numerator(s), denominator(s) and exclusion

Click **SAVE & CONTINUE**

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Alternate Clinical Quality Measures

Questionnaire: |

(*) Red asterisk indicates a required field.

NQF 0038
Title: Childhood Immunization Status
Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

Complete the following:

*Denominator 1: <input type="text"/>	*Numerator 1: <input type="text"/>	*Denominator 7: <input type="text"/>	*Numerator 7: <input type="text"/>
*Denominator 2: <input type="text"/>	*Numerator 2: <input type="text"/>	*Denominator 8: <input type="text"/>	*Numerator 8: <input type="text"/>
*Denominator 3: <input type="text"/>	*Numerator 3: <input type="text"/>	*Denominator 9: <input type="text"/>	*Numerator 9: <input type="text"/>
*Denominator 4: <input type="text"/>	*Numerator 4: <input type="text"/>	*Denominator 10: <input type="text"/>	*Numerator 10: <input type="text"/>
*Denominator 5: <input type="text"/>	*Numerator 5: <input type="text"/>	*Denominator 11: <input type="text"/>	*Numerator 11: <input type="text"/>
*Denominator 6: <input type="text"/>	*Numerator 6: <input type="text"/>	*Denominator 12: <input type="text"/>	*Numerator 12: <input type="text"/>

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

« PREVIOUS PAGE | **SAVE AND CONTINUE »**



TIPS

All fields must be completed

Only the additional Clinical Quality Measures you selected will be presented on the screen

TOPICS PROGRESS

This is the fifth of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 29 – Additional Clinical Quality Measures – Questionnaire

Home	Registration	Attestation	Status	Account Management
Additional Clinical Quality Measures				
Questionnaire				
<p>Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.</p>				
DESELECT ALL				
Measure #	Title	Description	Selection	
NQF 0059 / PQRS 1	Title: Diabetes: Hemoglobin A1c Poor Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>	
NQF 0064 / PQRS 2	Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).	<input type="checkbox"/>	
NQF 0061 / PQRS 3	Title: Diabetes: Blood Pressure Management	Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>	
NQF 0081 / PQRS 5	Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>	
NQF 0070 / PQRS 7	Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>	
NQF 0043 / PQRS 111	Title: Pneumonia Vaccination Status for Older Adults	Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>	
NQF 0031 / PQRS 112	Title: Breast Cancer Screening	Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	<input type="checkbox"/>	
NQF 0034 / PQRS 113	Title: Colorectal Cancer Screening	Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<input type="checkbox"/>	
NQF 0036	Title: Use of Appropriate Medications for Asthma	Description: Percentage of patients 5-50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	<input type="checkbox"/>	
NQF 0052	Title: Low Back Pain: Use of Imaging Studies	Description: Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	<input type="checkbox"/>	
NQF 0075	Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	<input type="checkbox"/>	
NQF 0575	Title: Diabetes: Hemoglobin A1c Control (<8.0%)	Description: The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c < 8.0%.	<input type="checkbox"/>	
<p>Please select the PREVIOUS PAGE button to go back to the Topics Page, or the CONTINUE button to proceed.</p>				
<p>PREVIOUS PAGE CONTINUE</p>				

STEPS

Select three (3) Additional Clinical Quality Measures by clicking on the box immediately following the measures

Click **CONTINUE**



TIPS

You will be prompted to enter a numerator, denominator and exclusion on the next pages

Only the additional Clinical Quality Measures you selected will be presented on the screen

TOPICS PROGRESS

This is the sixth of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 29 – Additional Clinical Quality Measures (cont.)

Home Registration **Attestation**

Additional Clinical Quality Measures

Questionnaire: (1 of 3)

(*) Red asterisk indicates a required field.

NQF 0059 / PQRS 1
Title: Diabetes: Hemoglobin A1c Poor Control
Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

Complete the following information:

*Denominator: *Numerator: *Exclusion:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

« PREVIOUS PAGE **SAVE AND CONTINUE »»**

Home Registration **Attestation**

Additional Clinical Quality Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

NQF 0034 / PQRS 113
Title: Colorectal Cancer Screening
Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

*Denominator: *Numerator: *Exclusion:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

« PREVIOUS PAGE **SAVE AND CONTINUE »»**

Home Registration **Attestation** Status Account Management

Additional Clinical Quality Measures

Questionnaire: (3 of 3)

(*) Red asterisk indicates a required field.

NQF 0055 / PQRS 117
Title: Diabetes: Eye Exam
Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Complete the following information:

*Denominator: *Numerator: *Exclusion:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

« PREVIOUS PAGE **SAVE AND CONTINUE »»**

STEPS

Only the additional Clinical Quality Measures you selected will be presented on the screen

Enter Denominator, Numerator and Exclusion for the three (3) Additional Clinical Quality Measures chosen

Click **SAVE & CONTINUE**

TOPICS PROGRESS

This is the sixth of six topics required for attestation

1	2	3	4	5	6
---	---	---	---	---	---

Step 30 - Topics for this Attestation

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | **Attestation** | Status | Account Management

Topics for this Attestation

Reason for Attestation

- You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

Completed	Topics
✓	Attestation Information
✓	Meaningful Use Core Measures
✓	Meaningful Use Menu Measures
✓	Core Clinical Quality Measures
✓	Alternate Core Clinical Quality Measures
✓	Additional Clinical Quality Measures

Note:

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

PREVIOUS PAGE | MODIFY ATTESTATION | PROCEED WITH ATTESTATION

STEPS

When all topics are marked as completed or N/A, you may proceed with Attestation

Click **PROCEED WITH ATTESTATION** to complete the Attestation process

The next screen allows you to view your entries before the final submission

If you choose not to view the summary of measures you will navigate to step 32 on page 51



TIPS

Click on the **MODIFY ATTESTATION** to start the process from the Attestation Information screen



Clicking **MODIFY** will navigate back to the first page of the Attestation module. You must page through the **entire module** to complete your attestation

Step 31 – Summary of Measures

[Home](#) | [Registration](#) | **Attestation** | [Status](#) | [Account Management](#)

Summary of Measures

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures List Table](#) ←

[Meaningful Use Menu Measures List Table](#)

[Clinical Quality Measures List Table](#)

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.

[PREVIOUS PAGE](#) [CONTINUE](#)

[Home](#) | [Registration](#) | **Attestation** | [Status](#) | [Account Management](#)

Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 120 Denominator = 125	EDIT
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for entire EHR reporting period.		
Maintain an up-to-date problem list of current and active diagnoses.	More than 80 percent of all unique patients by the EP have at least one entry or an indication that no problems are known for patient recorded as structured data.		

[Home](#) | [Registration](#) | **Attestation** | [Status](#) | [Account Management](#)

Meaningful Use Core Measures

Questionnaire: (1 of 15)

(* Red asterisk indicates a required field.)

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**
 Yes No

Complete the following information:

Numerator The number of patients in the denominator that have at least one medication order entered using CPOE.
Denominator Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

***Numerator:** ***Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[RETURN TO SUMMARY PAGE](#) [SAVE AND CONTINUE](#) ←

STEPS

Select the measure list table to edit a measure

Click **SAVE AND CONTINUE**



TIPS

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information

Clicking Save and Continue or Return to Summary Page will bring you back to the Measure List Table

Step 3I – Summary of Measures (Cont.)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | **Attestation** | Status | Account Management

Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Report ambulatory clinical quality measures to CMS or in the case of Medicaid EPs, the States.	Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by the CMS.	Yes	EDIT
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Yes	EDIT
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.	Numerator = 120 Denominator = 125	EDIT
Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	Numerator = 120 Denominator = 125	EDIT
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	Yes	EDIT
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	EDIT

Select the **CONTINUE TO ATTEST** button to skip viewing the summary of measures and proceed with your attestation. Select the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

[CONTINUE TO ATTEST](#) [NEXT PAGE](#)

STEPS

Click **NEXT PAGE** to review the remaining summary of measures

You may **EDIT** any measure from this screen

Click **CONTINUE TO ATTEST** to skip viewing the summary of measures and proceed with your attestation



TIPS

Click **NEXT PAGE** to view additional Meaningful Use Menu Measures

Click on **HELP** for additional guidance to navigate the system

Step 32 – Submission Process: Attestation Statements



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help  | Log Out 

Home | Registration | **Attestation** | Status | Account Management

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **30000001SVJ6EAK**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted for clinical quality measures was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the EP.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- The information submitted includes information on all patients to whom the measure applies.
- A zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

Please select the **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process.

DISAGREE

AGREE 

STEPS

Check the box next to each statement to attest

To complete your attestation, click **AGREE**

Answer **YES** if you are sure that you want to submit your attestation

Home | Registration | **Attestation** | Status | Account Management

Submission Process: Confirmation Page

Confirmation Page

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

Name:	John Doe
TIN:	XXX-XX-1234 (SSN)
NPI:	1234567890
EHR Certification Number:	123456789012345
EHR Reporting Period:	01/01/2011-04/01/2011

Reason(s) for Attestation

- You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

You are about to submit this attestation. Are you sure?

NO

YES 



TIPS

If **DISAGREE** is chosen you will move back to the Home Page and your attestation will not be submitted

Click on **HELP** for additional guidance to navigate the system

Step 33 – Attestation Disclaimer



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | **Attestation** | Status | Account Management

Attestation Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Eligible Professional

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

AGREE DISAGREE

STEPS

.....
If you answer YES
you will navigate
to the Attestation
Disclaimer page

Read the disclaimer
and click on **AGREE**
or **DISAGREE**

If **AGREE** is Chosen
and you have met
all meaningful use
objectives and
measures you will
receive the “Accepted
Attestation”
submission receipt



TIPS

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information

.....
If **DISAGREE** is chosen you
will move back to the Home
Page and your attestation
will not be submitted

Step 34 – Submission Receipt (Accepted Attestation)

Home Registration **Attestation** Status Account Management

Submission Receipt

Accepted Attestation

The EP demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

- The meaningful use core measures are accepted and meet MU minimum standards.
- The meaningful use menu measures are accepted and meet MU minimum standards.
- All clinical quality measures were completed with data sufficient to meet the minimum standards.

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002373

Name: John.Doe

TIN: XXX-XX-6873 (SSN)

NPI: 1234567890

EHR Certification Number: 30000001SVJ6EAK

EHR Reporting Period: 01/12/2011 - 05/19/2011

Attestation Submission Date: 03/16/2011

Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

PRINT **SUMMARY OF MEASURES** HOME

STEPS

The 'Accepted Attestation' submission receipt contains attestation tracking information

This concludes the Attestation Process

Click on **SUMMARY OF MEASURES** to view the Summary and Detail of the Core Measures Menu Measures and Clinical Quality Measures

Home Registration **Attestation** Status Account Management

Summary of Measures

Summary of Measures

Please select the desired measure link below to view the details of your submitted measures. Select the HOME button to go to the Home Page.

[Meaningful Use Core Measures](#)

[Meaningful Use Menu Measures](#)

[Core Clinical Quality Measures](#)

Home Registration **Attestation** Status Account Management

Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	This measure meets minimum standard.	96.00%	Accepted ↑



TIPS

Please print this receipt for your records. You will not receive a confirmation email

The Summary will indicate whether the measure is accepted or rejected

Step 35 – Submission Receipt (Rejected Attestation)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | **Attestation** | Status | Account Management

Submission Receipt

Rejected Attestation

The EP did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.
- One or more of the meaningful use menu measures did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002356

Name: John Doe

TIN: XXX-XX-1334 (SSN)

NPI: 1234567890

EHR Certification Number: jf87hdlp09dnhj

EHR Reporting Period: 01/01/2011 - 04/01/2011

Attestation Submission Date: 03/15/2011

Reason for Attestation: You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

Home | Registration | **Attestation** | Status | Account Management

Summary of Measures

Summary of Measures

Please select the desired measure link below to view the details of your submitted measures. Select the **HOME** button to go to the Home Page. 

[Meaningful Use Core Measures](#)

[Meaningful Use Menu Measures](#) 

[Core Clinical Quality Measures](#)

[HOME](#)



TIPS

You may select the *STATUS* tab for additional information about your EHR incentive program participation

Click on *HELP* for additional guidance to navigate the system

STEPS

Your attestation was rejected. You did not meet one or more of the meaningful use minimum standards.

Please reassess/modify your practice so that you can meet the measure(s)

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures

If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with information for a different reporting period during the first payment year to successfully demonstrate meaningful use

Click on **SUMMARY OF MEASURES** to review the status of the Core Measures, Menu Measures, and Clinical Quality Measures

Choose the appropriate measure link from the summary of measures list

Step 36 – Summary of Measures – Rejected Attestation



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Summary of Measures

Meaningful Use Menu Measure List Table

Objective	Measure	Entered	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).	No	EDIT
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, business days of being available	At least 10 percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being	Numerator = 125 Denominator = 150	EDIT

Home | Registration | **Attestation** | Status | Account Management

Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	This measure meets minimum standard.	Yes	Accepted
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.	This measure meets minimum standard.	96.00%	Accepted
Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	This measure meets minimum standard.	96.00%	Accepted
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	This measure meets minimum standard.	Yes	Accepted
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	This measure meets minimum standard.	No	Rejected

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

[HOME](#) [NEXT PAGE](#)



STEPS

Summary of Meaningful Use Core Measures

Review each measure for the Accepted/ Rejected status

Click **NEXT PAGE** to continue with the Menu measures



TIP

Print the Summary of Measures page for your future reference

Step 37 – Medicare Attestation – Resubmission

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

Medicare Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your Incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

Attest Begin Medicare attestation to meaningful use of EHR technology

Modify Modify a previously started Medicare attestation that has not yet been submitted

Cancel Inactivate a Medicare attestation prior to receiving an EHR incentive payment

Resubmit Resubmit a failed or rejected Medicare attestation

Reactivate Reactivate a canceled Medicare attestation

Not Available In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
Jane Doe	XXX-XX-4246 (SSN)	1234567890	Rejected	2011	1	Resubmit or View

Home | Registration | **Attestation** | Status | Account Management

Topics for this Attestation

Reason for Attestation

- You are a Medicare Eligible Professional resubmitting an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

Completed	Topics
✓	Attestation Information
✓	Meaningful Use Core Measures
✓	Meaningful Use Menu Measures
✓	Core Clinical Quality Measures
✓	Alternate Core Clinical Quality Measures
✓	Additional Clinical Quality Measures

Note:
When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

PREVIOUS PAGE | MODIFY ATTESTATION | PROCEED WITH ATTESTATION

STEPS

Select **Resubmit** under the Action column

NOTE: EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information

Choose the appropriate measure topic and edit the measure as appropriate



When you click on a measures list, you will navigate to the first page of the chosen measures. Click Save and Continue to page to the appropriate measure for editing

Click Save and Continue through the remaining measures to the "Topics for this Attestation" page

Step 38 – Topics for Attestation – Resubmission

Home | Registration | Attestation | Status | Account Management

Topics for this Attestation

Reason for Attestation

- You are a Medicare Eligible Professional resubmitting an attestation for the EHR Incentive Program.

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The Alternate Core Clinical Quality Measure (CQM) is only required if any Core CQM has a denominator of zero. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

Completed	Topics
✓	Attestation Information
✓	Meaningful Use Core Measures
✓	Meaningful Use Menu Measures
✓	Core Clinical Quality Measures
✓	Alternate Core Clinical Quality Measures
✓	Additional Clinical Quality Measures

Note:
When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

PREVIOUS PAGE | MODIFY ATTESTATION | PROCEED WITH ATTESTATION

STEPS

Click **PROCEED WITH ATTESTATION**

Click on each of the links in the Summary of Measures to view the details of the list tables of the Core Measures, Menu Measures and Clinical Quality Measures

Summary of Measures

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures List Table](#)

[Meaningful Use Menu Measures List Table](#)

[Clinical Quality Measures List Table](#)

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.

PREVIOUS PAGE | CONTINUE



TIPS

Click **CONTINUE** to skip viewing the summary and proceed with the attestation submission process

Click **PREVIOUS** to go back to previous screen

Step 38 – Topics for Attestation – Resubmission (cont.)

Home Registration **Attestation** Status Account Management

Summary of Measures

Meaningful Use Core Measure List Table

Objective	Measure	Entered	Select
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 120 Denominator = 125	EDIT
Implement drug-drug and drug-allele	The EP has enabled this functionality for the	Yes	EDIT

STEPS

Select **EDIT** to change a measure before completing your attestation

Home Registration **Attestation** Status Account Management

Meaningful Use Core Measures

Questionnaire: (1 of 15)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

***PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

***Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator The number of patients CPOE.

Denominator Number of unique patients the EHR reporting period.

***Numerator:** ***Denominator:**

Please select the **PREVIOUS PAGE**

Home Registration **Attestation** Status Account Management

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures List Table](#)

[Meaningful Use Menu Measures List Table](#)

[Clinical Quality Measures List Table](#)

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.



TIP

CMS recommends you review all of their attestation information before submitting. EPs who fail their attestation can submit their information again, but cannot submit information for the exact same 90-day period. The 90-day period can be a day later (3/1-5/31 vs. 3/2-6/1), but that will mean that EPs may have to recalculate all of their numerator and denominator information

Step 39 – Attestation Statements and Confirmation Page – Resubmission



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | **Attestation** | Status | Account Management

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number **jf87hdlp09dnhj**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- The information submitted for clinical quality measures was generated as output from an identified certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the EP.
- The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- The information submitted includes information on all patients to whom the measure applies.

Please select the **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process.

Home | Registration | **Attestation** | Status | Account Management

Submission Process: Confirmation Page

Confirmation Page

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

Name: John Doe
TIN: XXX-XX-1234 (SSN)
NPI: 1234567890
EHR Certification Number: 123456789012345
EHR Reporting Period: 01/01/2011-04/01/2011

Reason(s) for Attestation

- You are a Medicare Eligible Professional modifying an attestation for the EHR Incentive Program.

You are about to submit this attestation. Are you sure?

STEPS

Check each box next to each statement to attest

Click on **AGREE**

Click on **YES** at
“You are about to submit this attestation. Are you sure?”

To continue with your attestation



TIP

Select the **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process

Step 40 – Attestation Disclaimer



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Attestation Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Eligible Professional

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents information on this form may upon conviction be fined up to \$5,000 and/or imprisoned for up to 5 years.

ROUTINE USE(S): Informing patients and other health care providers of information and documents in connection with the request of the person or government agencies, program abuse, program fraud, or program error.

DISCLOSURES: This program is subject to audit. Failure to provide necessary information may result in the issuance of a civil penalty. It is mandatory that you comply with the requirements of the Protection and Affordable Care Act.

Home | Registration | Attestation | Status | Account Management

Medicare Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation

Not Available In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	National Provider Identifier (NPI)	Medicare Attestation Status	Program Year	Payment Year	Action
John Doe	5212345678	1234567890	In Progress	2011	1	Modify or Cancel

AGREE
DISAGREE

STEPS

Read the Attestation Disclaimer and Click on **AGREE** or **DISAGREE**



TIP

If DISAGREE is chosen you will be directed back to the Medicare Attestation Instructions page to Modify or Cancel your attestation

Have Questions?



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Help

Topics

Help provides additional guidance to users for Medicare & Medicaid EHR Incentive Program Registration & Attestation process. Help is broken up into the following sections.

[About Registration & Attestation System](#)

Presents an overview of the system, processes, and benefits.

[How to get Access to the Registration & Attestation System](#)

Presents summary information on accessing Internet-based Registration & Attestation System.

[User Accounts](#)

Presents additional information regarding account information.

[Accessibility](#)

Presents information about the accessibility and compatibility features of Internet-based Registration & Attestation System.

[Frequently Asked Questions \(FAQs\)](#)

Presents a list of common questions and their answers regarding the use of Internet-based Registration & Attestation System and the Medicare/Medicaid registration and attestation process.

[Glossary](#)

Presents Medicare/Medicaid EHR terms and definitions.

[Contact Information](#)

Presents a list of contact information for Internet-based Registration & Attestation System user account issues.



STEPS

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The **HELP** link is on every screen. Click **HELP** for additional information

RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563
Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones
(except on Federal holidays)

Identification & Authentication System (I&A) Help Desk for assistance,
PECOS External User Services (EUS) Help Desk
Phone: 1-866-484-8049
E-mail: EUSsupport@cgi.com

NPPES Help Desk for assistance. Visit;
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
(800) 465-3203 / TTY (800) 692-2326

PECOS Help Desk for assistance.
Visit; <https://pecos.cms.hhs.gov/>
(866)484-8049 / TTY (866)523-4759

Certified health IT Product website - Office of the National Coordinator (ONC)
<http://onc-chpl.force.com/ehrcert/CHPLHome>

EHR Incentive Program; visit
<http://www.cms.gov/EHRIncentivePrograms/>

Acronym Translation

CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measures
DMF	Social Security Death Master File
EH	Eligible Hospital
EHR	Electronic Health Record
EIN	Employer's Identification Number
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identification & Authentication System
IDR	Integrated Data Repository
LBN	Legal Business Name
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
NLR	National Level Repository
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of the Inspector General
PECOS	Provider Enrollment, Chain and Ownership System
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number

ACRONYMS



